Headquarters U.S. Air Force

Integrity - Service - Excellence

ADAPT / DR: Issues and Initiatives

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Col Peter Durand
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Presented to: Behavioral Sciences Symposium
Date: 18 Apr 01

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Overview

- SHARP Program
- USAFA Initiative
- Substance Use Assessment Tool (SUAT)

--- Break ---

- Alcohol and Drug Abuse Data System (ADADS-II)
- Substance Awareness Education Re-engineering (SAER)
- Motivational Interviewing Grant
- ADAPT Program Updates
- Demand Reduction Program Updates

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SHARP Program

Stronger

Health through

Abuse

Reduction and

Prevention

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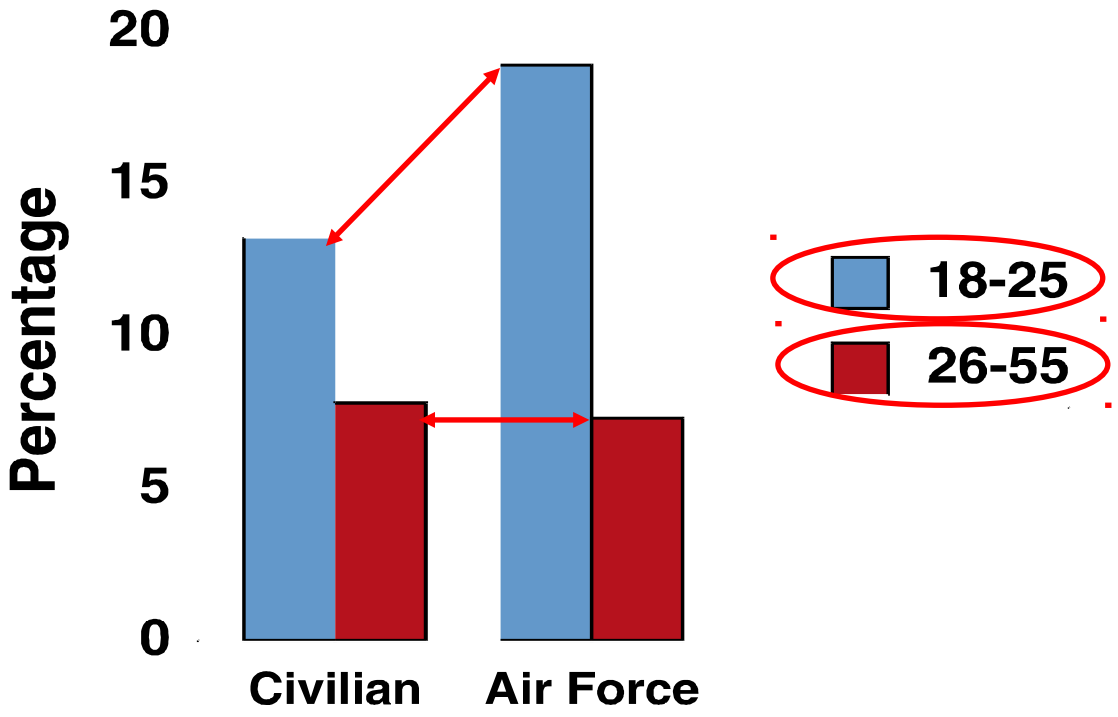
The Problem

Prevalence of Heavy Alcohol Use Among AF Personnel and Civilians



Source: DoD WorldWide Survey, 1998

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The Problem

85% of heavy drinkers

Receive NO Treatment

Source: DoD WorldWide Survey, 1998

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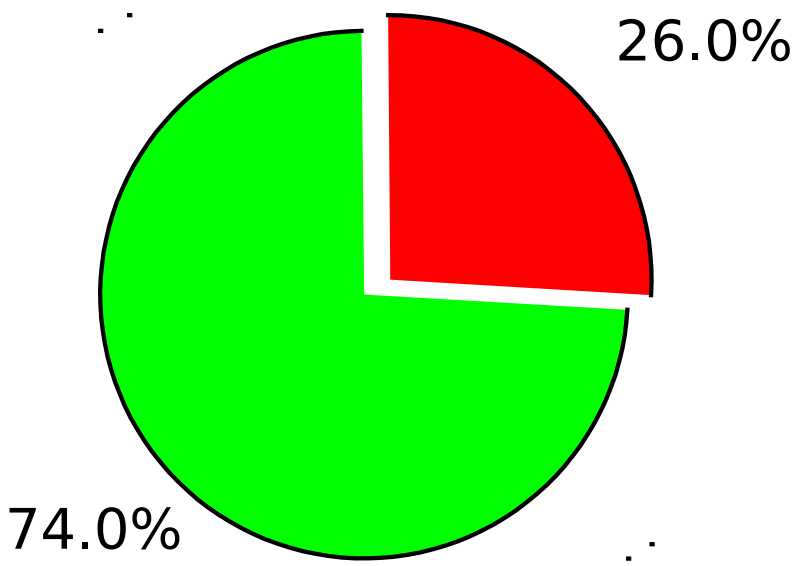
The Problem

Percent "High Risk" in 82 TRG

("High Risk" = Score of 8 or more on AUDIT)



Source: SHARP Intervention Project, 2001

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An Approach to Solving the Problem: Population Health

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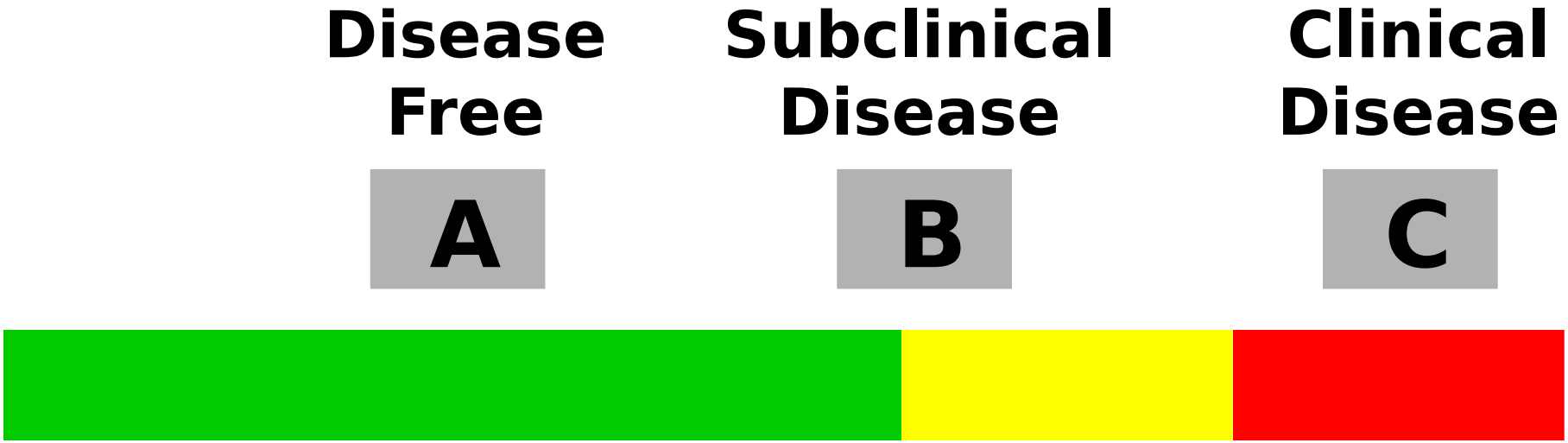
Health Continuum



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Traditional Health Care

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The REAL Objective

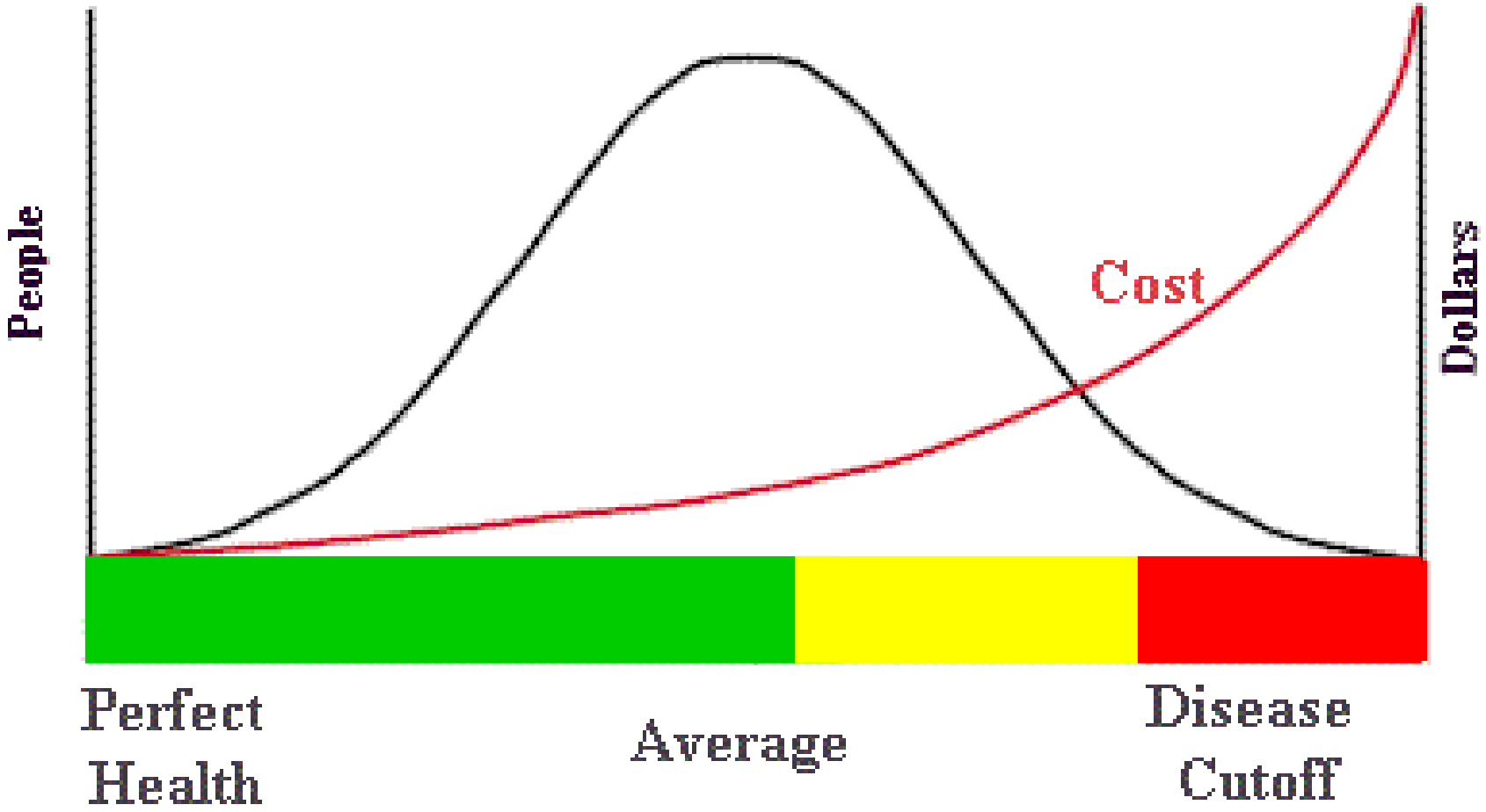
Stay healthier longer!

Healthy

Reduced performance

Diseased

Health and Disease Continuum in a Population, with Cost



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Population Health Concepts

Reach = Effectiveness x Adherence

- Effectiveness = How good is the intervention at treating the problem
- Adherence = Percent accepting the intervention

Population Health Concepts

Which is Better?

- Intervention A: An intervention that has a 70% success rate
- Intervention B: An intervention that has a 10% success rate

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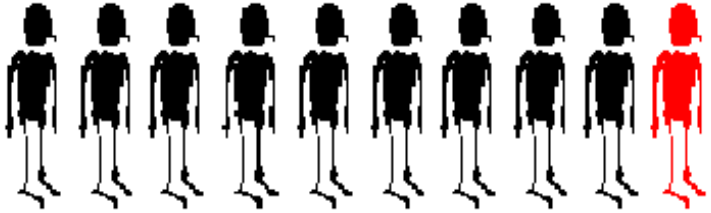
Population Health Concepts

Intervention A **70%**

Intervention B **10%**



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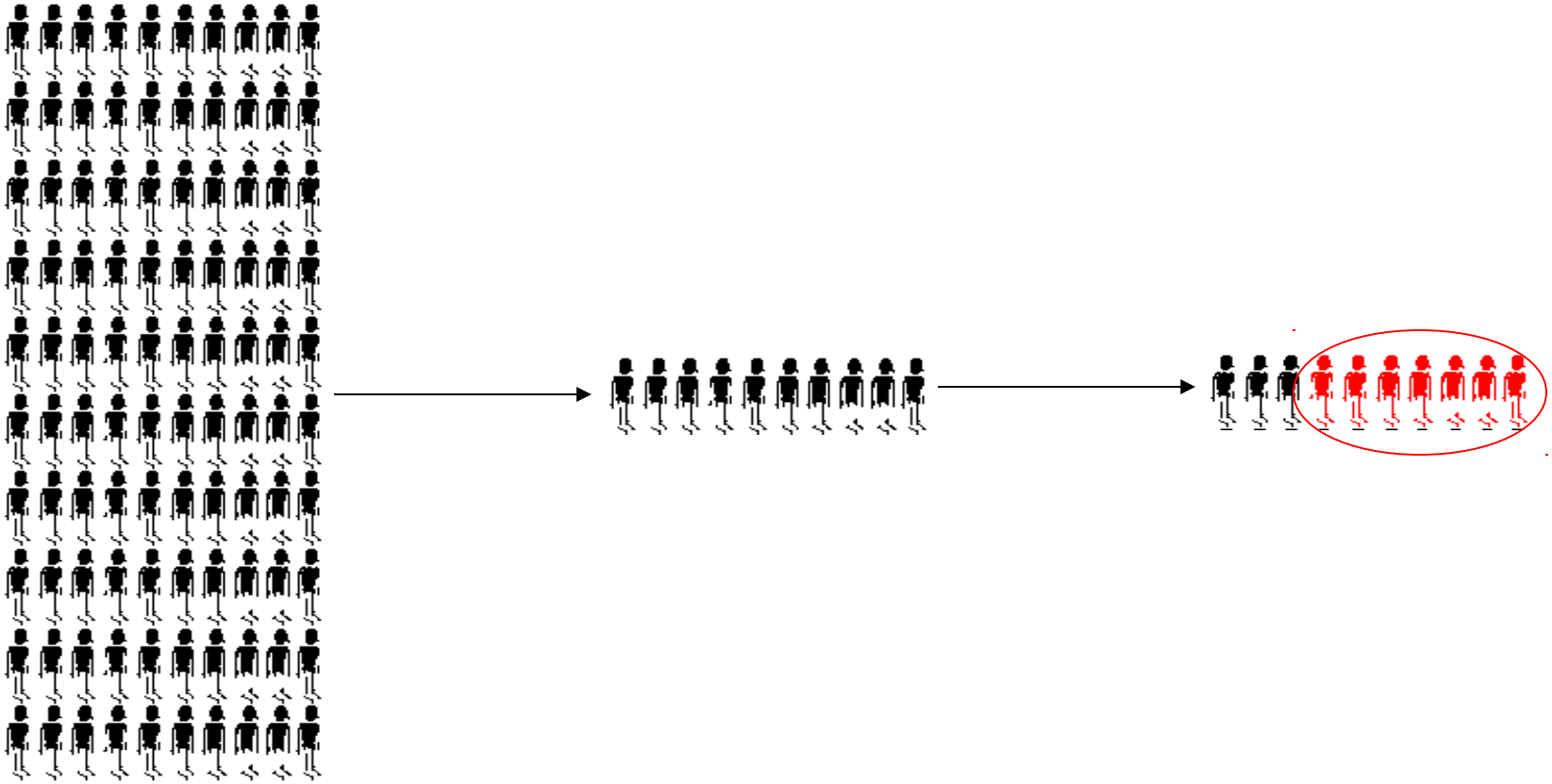
Population Health Concepts



Population **Intervention** **Successes**

n **10%** **$n_x A$** **70%** **=** **7%**

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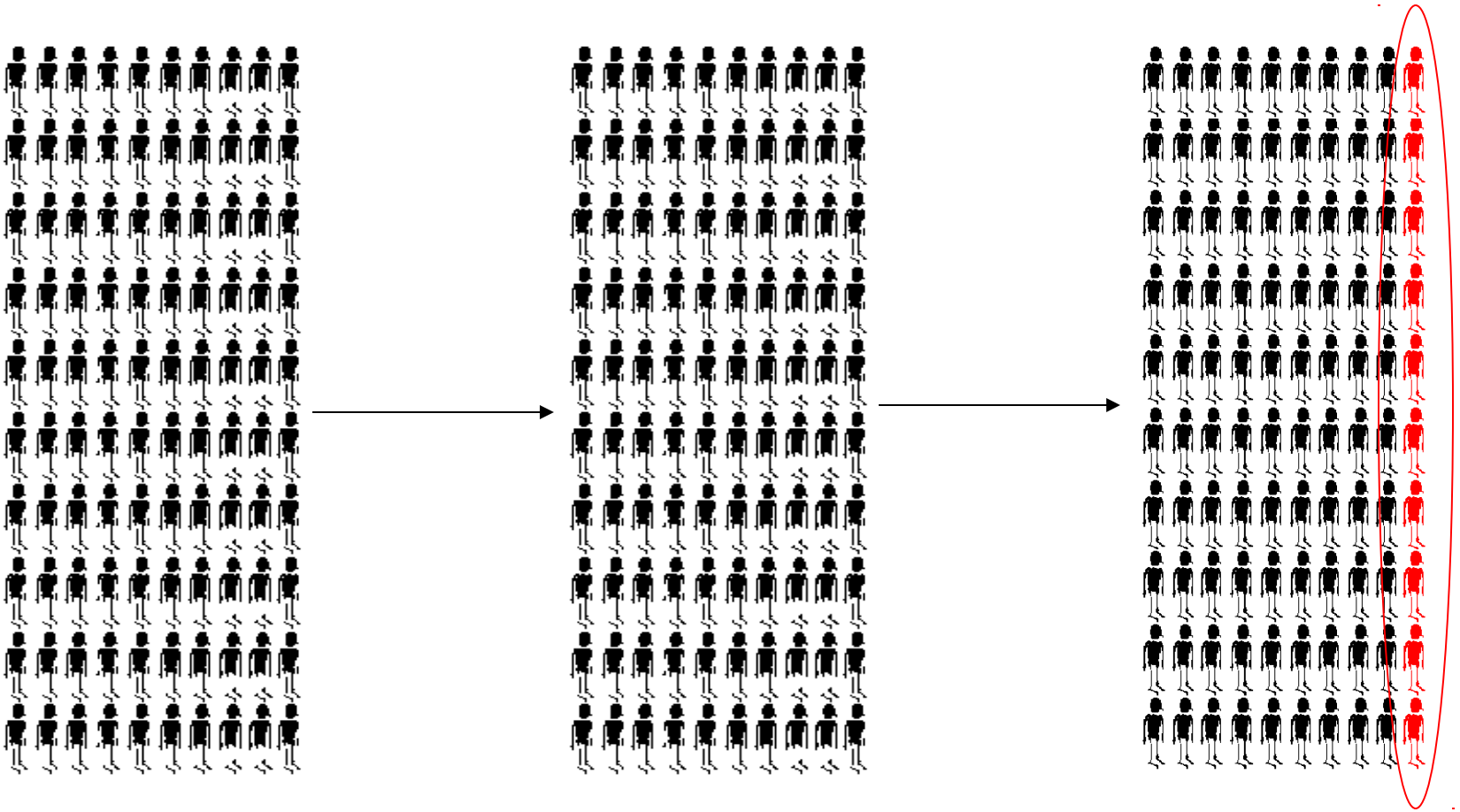
Population Health Concepts



Populatio n **100%** **Interventio nxB** **10%** **=** **Successes 10%**

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Stronger Health through Abuse Reduction and Prevention: Interventions

(SHARP Survey)

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SHARP Survey

- Problem:
  - Not doing as well as we'd like at identifying those at risk for problem drinking
- Solution:
  - Design and validate a tool to identify potential problem drinking

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SHARP Survey

- A panel of experts on problem drinking made recommendations for a 22-item instrument (1995):
- Incorporates AUDIT (10 items)
  - Quantity/Frequency
  - Dependence
  - Negative Consequences
- Adds several other questions (12 items)
  - Desire to cut down
  - Family history
  - Peak use
  - Frequency of peak use
  - Past history of risk-taking

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Psychometrics

- Validation is always context specific
  - Reliability = Consistency of measurement
  - Validity = What is measured, and how well
- SHARP Survey is reliable:
  - Internally consistent
  - Stable over time
- SHARP Survey is valid:
  - Covers content area well
  - Correlates well with already validated measures of similar things
- Additional validation underway:
  - Ability to distinguish between different groups of problem drinkers
  - Ability to predict problem drinking 6-12 months in advance

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Stronger Health through Abuse Reduction and Prevention: Interventions

(SHARP Interventions)

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SHARP Interventions

- Problem:
  - Not doing as well as we'd like at preventing problem drinking in the population
- Solution:
  - Design and pilot interventions to decrease and prevent problem drinking

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Interventions

- Two Interventions
  - 1) Universal
    - All students
    - Large group
    - Single one-hour session during in-processing
  - 2) Targeted
    - High risk students
    - Individual contact
    - Two additional hours during the first 2 weeks of training

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Interventions

- Expert panel guided development
- Based in proven techniques
- Motivational Interviewing / Guided Self-Change style
- Education, decision-making

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Motivational Interviewing Principles

- *R*oll with Resistance
- *E*xpress Empathy
- *D*evelop Discrepancy
- *S*upport Self-Efficacy

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Universal Intervention

- WHY students might want to decide to control their drinking
  - NOT another lecture on why they SHOULD control their drinking
  - Providing help with decision making
- HOW students can control their drinking
  - Accurate information about alcohol and its effects
    - e.g., blood alcohol levels, metabolism, myths, norms
  - Strategies to minimize the risk
    - e.g., planning, designated drivers, drink slowly

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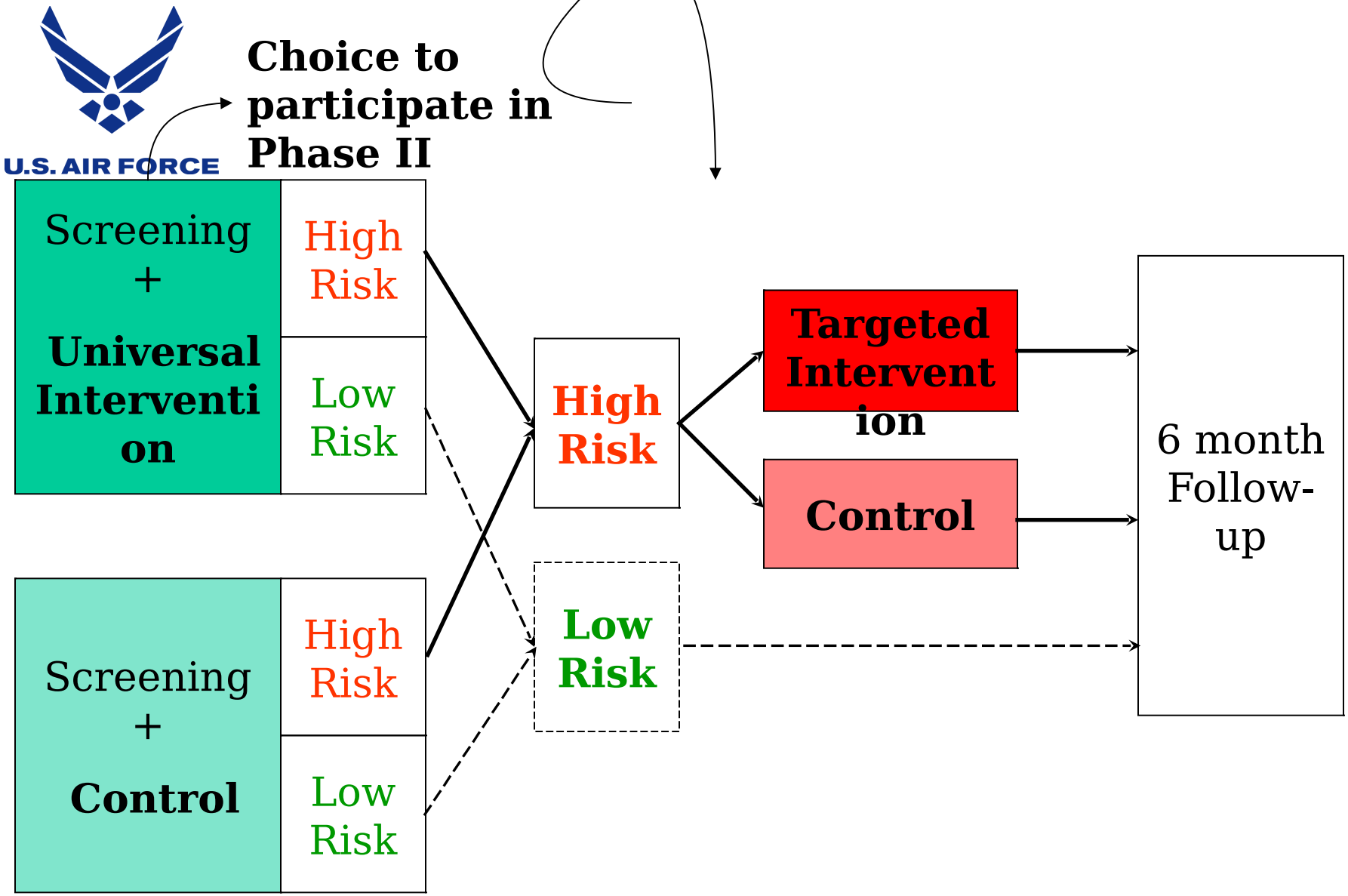
Targeted Intervention

- Same material as universal intervention, but:
  - More in-depth
  - More individualized
- Structured interview
- Standard assessment instruments
- Feedback on individual risks


Choice to participate in Phase II
Screening + Universal Intervention
High Risk
Low Risk
Screening + Control
High Risk
Low Risk
High Risk
Low Risk
Targeted Intervention
Control
6 month Follow-up
Week 1 (Phase I)
Weeks 2-3 (Phase II)

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Status

- Have intervened on about 3,500 students since Aug 00
- Conducting follow-up data collection
  - Plan to extend project to collect 1 year follow-up data
- Starting to analyze “pre” data
  - Risk score, readiness to change on all participants
  - Battery of measures on Targeted Intervention participants
- Anecdotal reports of high satisfaction from all participants in Targeted Intervention

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USAFA Initiative

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SHARP Implementation US Air Force Academy

- 34 TRW/CC requested support in fielding prevention program
  - Increased sensitivity to substance abuse issues
  - Briefed on status of current AF research
  - Requested full implementation to meet current need
- Approved in concept; currently drafting MOU
  - Funding, personnel through AFMOA/SGZF
  - Plan to field program by 30 Jun 01
- Issues
  - Confidentiality of participants
  - Target group(s), timing of interventions
  - Who'll do what - coalition of helping agencies

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SHARP Implementation
US Air Force Academy

- Program to be developed using SHARP model
  - Targeted intervention, personalized feedback based on identified risk factors
  - Prevention program to incorporate peer education concept
- Academy provides bridge in implementing SHARP
  - Real world opportunity to assess modifications in research protocol
  - Cadet Corps → Permanent Party
- Export to AF bases system-wide

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Substance Use Assessment Tool (SUAT)

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Project Background

- Developed automated assessment tool for SHARP
  - Written in MS Access; only local data collection
  - 10 public-domain instruments, solid psychometric properties
  - Creates individually tailored clinical feedback report
- Survey of MTF ADAPT Program Managers indicated desire for automated tool and receptivity to standardizing ADAPT intake and assessment process
  - Some concern about a web-based product but current guidance suggests web-based may be optimal system to develop and implement

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Project Objectives

- Primary: Increase the efficiency and effectiveness of assessment process
  - Provide a standardized automated assessment tool that is easy to use by patients and providers
  - Decrease redundancy of effort (e.g., include ADADS data elements)
  - Decrease variability
- Secondary: Improve awareness interventions
  - Offer individually targeted interventions
- Secondary: Improve prevention efforts
  - Collect centralized clinical data for better targeting

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Project Description

- Phase I: Working group met in January to:
  - Determine measure selection
  - Determine functional requirements
- Phase II: Development, Testing, and Delivery of Automated Clinical Tool
  - Build software requirements specifications
  - Develop program and algorithms
  - Test software
  - Write user's manual
  - Deliver tool

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Assessment Tool

- Automated Assessment will include:
  - Privacy Act and Limits of Confidentiality, Patient information about computerized assessment
  - Standardized, comprehensive intake including drinking use patterns and brief screen for other substances, completed by patient
  - Five additional substance use measures (all public domain, psychometrically solid instruments), completed by patient
  - Measures of psychosocial functioning
  - Risk assessment
  - Screening questions for other mental illness
  - Provider input screen for findings from clinical interview
  - ASAM PPC-II Assessment

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Assessment Tool

- Other Desired Functionality
  - Generate SOAP notes, treatment plans, and termination notes for OPR and MH Record
  - Create individually-tailored feedback report
  - Allow case management functions for patients in ongoing treatment
  - Generate required MAJCOM and HQ reports automatically, from ADADS link
  - Generates SF 513s for consults and AF 422 for Profiles, as needed

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Timeline

- Development and Beta testing are expected to require 6-9 months
- Training and deployment may require an additional 3 months
- Goal is to have system deployed and ready for stand-up in 12 months

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BREAK

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- Motivational Interviewing Grant
- ADAPT Program Updates
- Demand Reduction Program Updates

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Alcohol and Drug Abuse Data System (ADADS)

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Alcohol & Drug Abuse Data System (ADADS)

- Intended to meet both prevention and treatment needs
- Replaced old PDS-based system developed for Social Actions
- ADADS on-line, Sep 99
- Data entry by base-level ADAPT staff
- Allows ADAPT staff to track incident rates, identify high risk groups, target prevention services, define client characteristics, determine workload requirements, monitor service delivery, assess outcomes . . . !!!

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Alcohol & Drug Abuse Data System (ADADS)

- Functional Elements
  - Enables tracking of referrals through completion of service
  - System able to monitor multiple events (access to data on previous contacts through system manager)
  - Base-level staff able to modify own base data
  - Base able to access own data for reports/analysis
  - Firewalls limit access to base-level data

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Alcohol & Drug Abuse Data System (ADADS)

- Functional Elements
  - MAJCOM access to MAJCOM base-level data for reports/analysis
  - Air Staff access to all data for reports/analysis
  - Web-based
  - Data encryption
  - Access by user name and password

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Alcohol & Drug Abuse Data System (ADADS)

- Compliance Problems
  - Of 83 bases, 19 (23%)
    - No entries past few months
    - Access Problems
  - Problems using or downloading Netscape
  - Firewall problems
  - New users
  - ?????
- Contact: AFIERA/RSR (Ms Harriss) 240-3471
  - adads@pestilence.brooks.af.mil

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ADADS Version 2

- To be developed by HQ AFMSA/SGMID and hosted at the San Antonio DISA mega center
- Web-based system
- Will accommodate MS Internet Explorer 5.0, Netscape Communicator 4.5 or better
- Encrypted data transmission

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ADADS Version 2 (Cont)

- Allows personnel at each level to run queries, view, and print from PC
- Able to download query data in standard format
- Able to graph data from queries
- Smart function - automatically searches data base for previous events, updates demographic info.

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ADADS Version 2 (Cont)

- Multiple reminder functions
- Intended to reduce requirements for data entry into multiple systems
- SUAT linked to ADADS
- Context sensitive on-line help
- System to meet all DoD and AF registration and certification requirements

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Substance Abuse Education Re-engineering (SAER)

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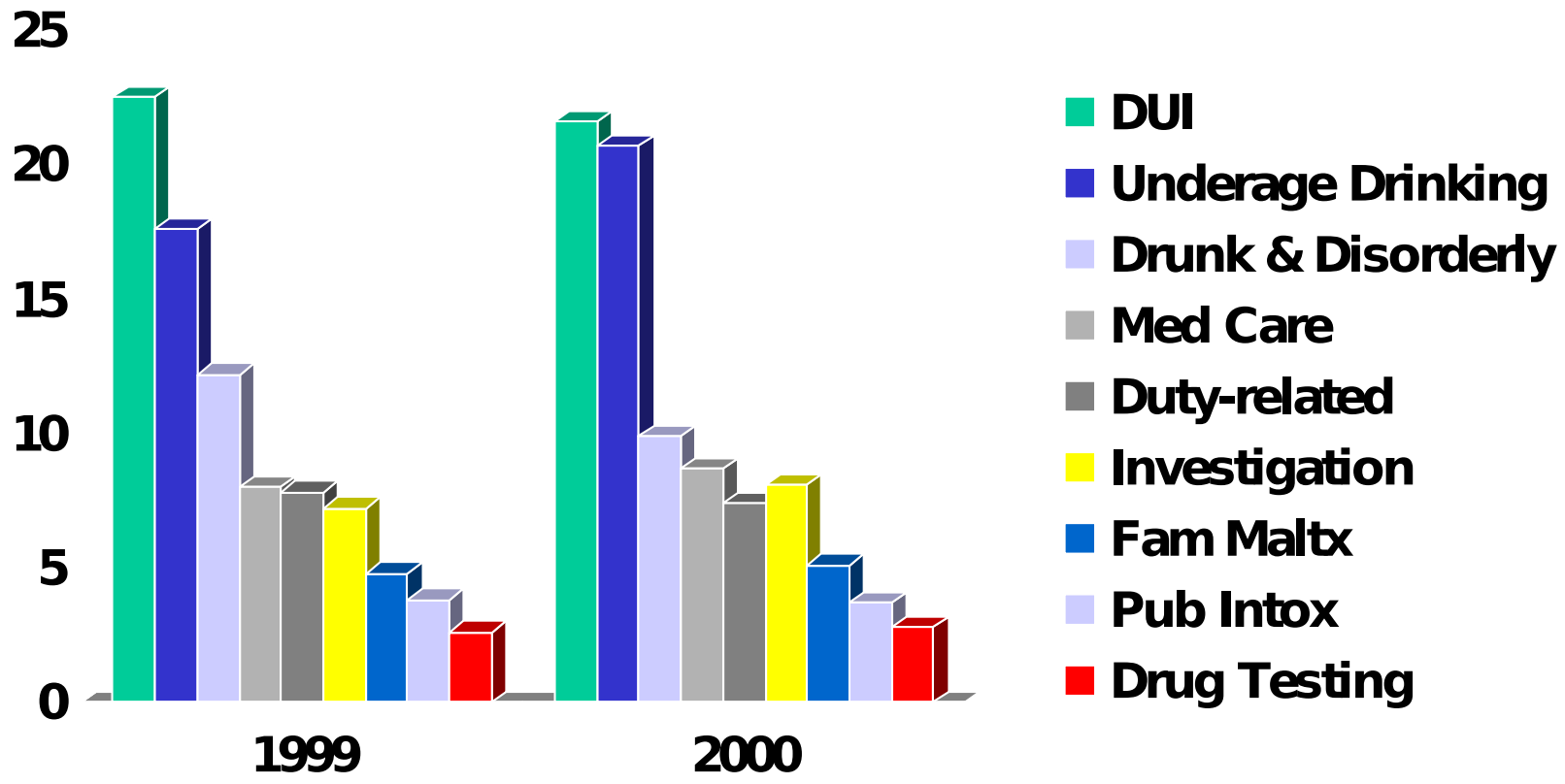
ADADS Cases by Event Type (CY99 & CY00)



Total cases = 10661

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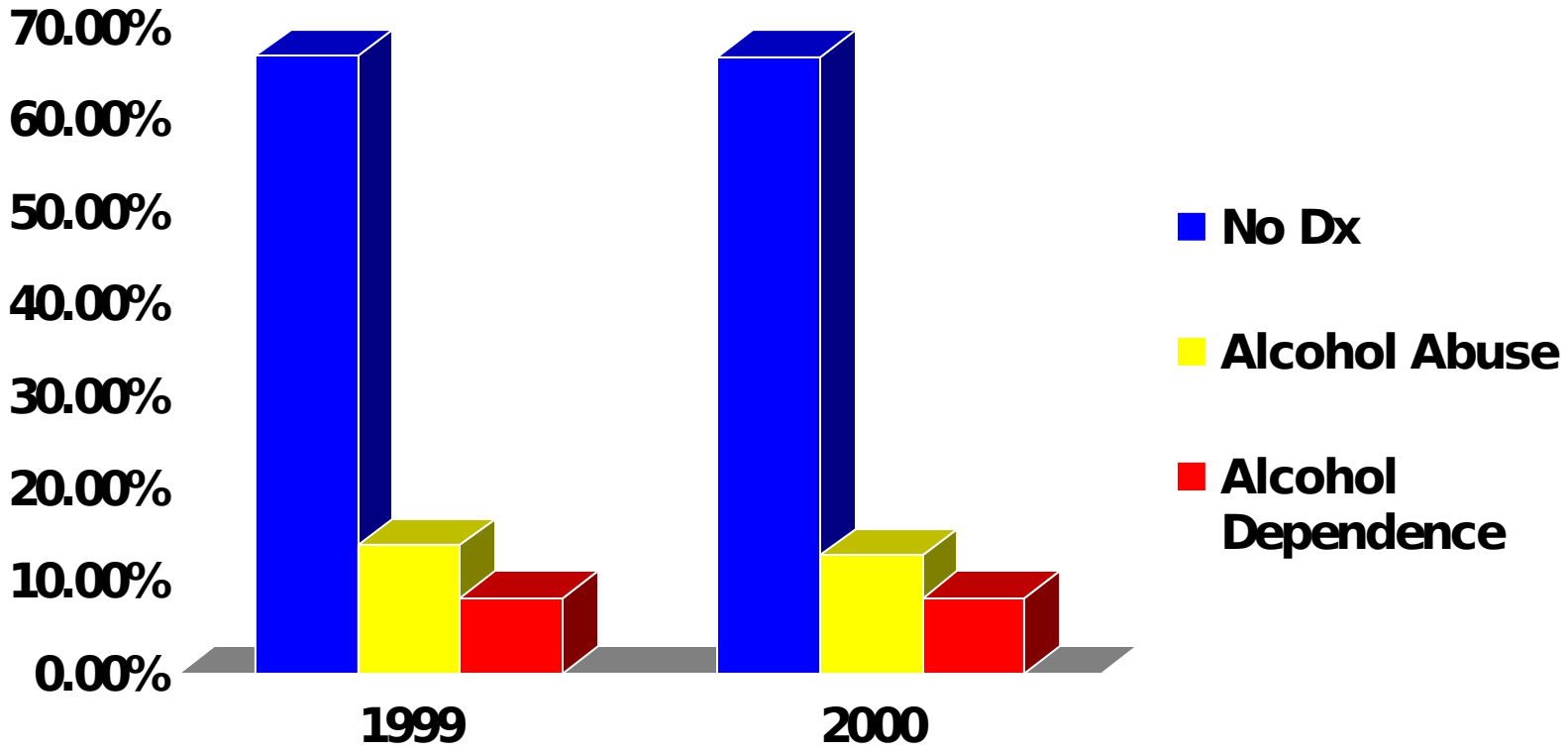
ADADS Cases by Alcohol Diagnosis (CY99 & CY00)



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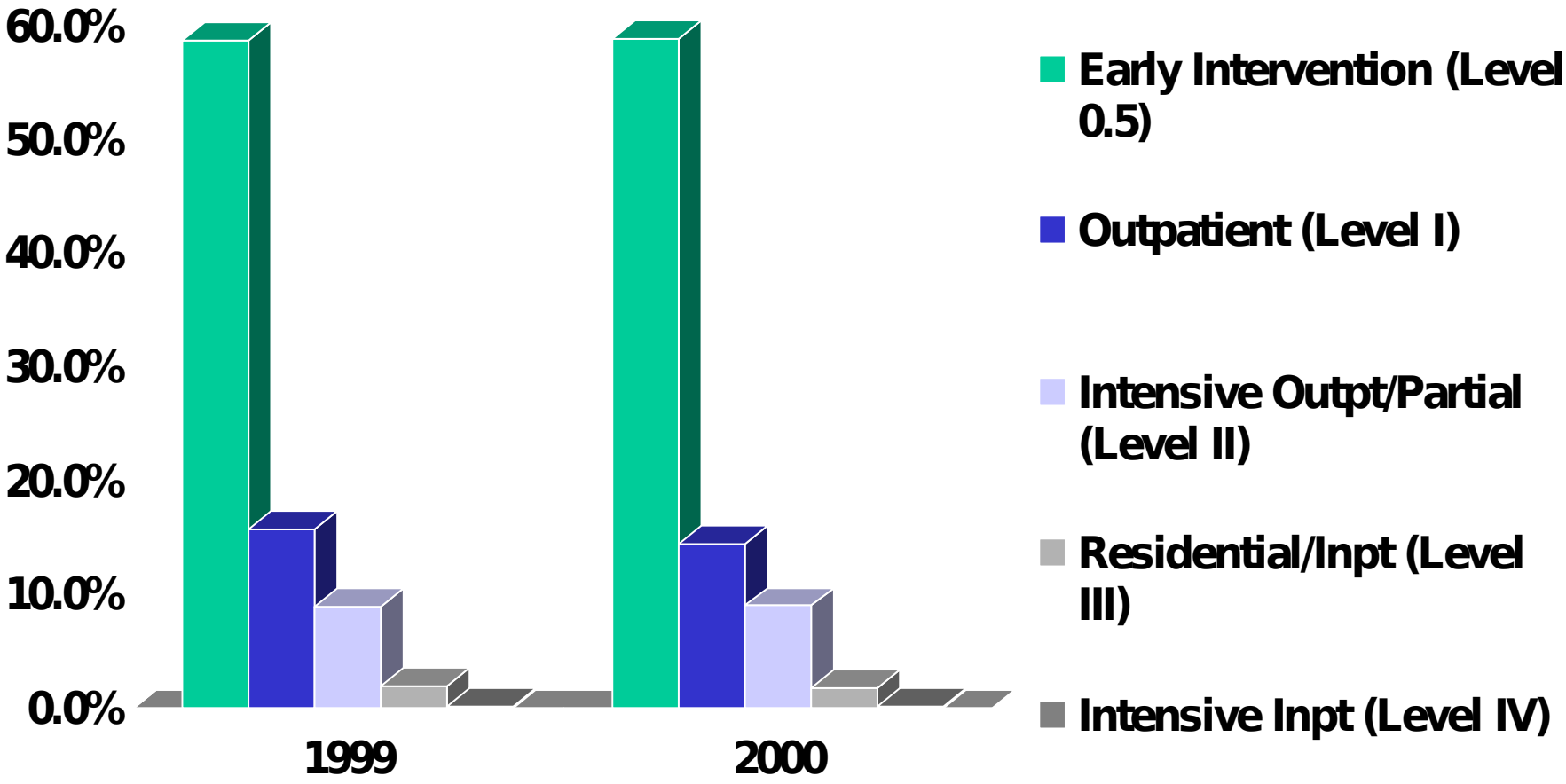
ADADS Cases by Level of Care (CY99 & CY00)



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Substance Abuse Education Re-engineering (SAER) Project

- Current ADAPT non-clinical (educational) services
  - Group format slows service delivery, delays full return to duty
  - Difficult to individualize intervention - “one-size-fits-all”
  - Prevailing format frequently
    - “Seat-of-the-pants”
    - Organized around what’s familiar, not what works
  - Wide disparity in program structure, content across bases

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SAER Project: Conceptual

- Based on established techniques
- Empirically-supported intervention
- Modified version of targeted intervention from SHARP
- Individualized
- Standardized procedures, instruments
  - Facilitates training
  - Greater consistency in service delivery

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SAER Project: Desired Outcomes

- Increase client / provider / commander satisfaction
- Improve timeliness in service delivery
- Reduce time away from primary mission
- Improve ADAPT manpower utilization
- Facilitate system-wide training
- Improve outcomes
  - Increased knowledge/self-awareness
  - Shift in “stage of change”
  - Reduction in alcohol misuse
  - Reduction in alcohol-related incidents

SAER Project: Initial Feedback

- Five test sites
- Generally positive provider / client response
  - Increased counselor awareness of personal style, relationship process
  - Greater flexibility in approaching assessment / counseling process
  - Extremely useful in building rapport
- Training is critical in defining counselor attitude to MI
- Need to more clearly define content and structure
- Need to mix MI and other techniques

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SAER Project: Potential Hurdles

- DODD 1010.7, Drunk and Drugged Driving by DoD Personnel
  - Requires completion of alcohol safety action program or equivalent education course (minimum of 8 hours) before reinstatement of driving privileges
- Institutional bias, counselor “buy-in”
  - Resistance to change
  - Techniques perceived as deceptive in cases with limited “choice”
- Manpower requirements
- Training and staff turnover
- Supervision requirements

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Motivational Interviewing Training Project

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Motivational Interviewing

- $1.3M grant approved through DoD Peer Reviewed Medical Research Program
  - Base ADAPT programs randomly assigned to one of four conditions
    - Control, Self-directed training, MI workshop training, Enhanced MI training with individual performance feedback
  - Audiotaped samples of counseling before and after training (4, 8, 12 months)
  - Referrals tracked for outcomes over four year life of study
  - Study assesses
    - Training methodologies
    - Effect of circumscribed intervention on recidivism
  - Study to begin Fall 2001

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ADAPT Program Update

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AF Substance Abuse Counselor Certification Working Group

- Goal: Identify gaps in training and certification process to develop a more flexible program for the 4C0 career field
- Issues addressed include:
  - Length of time to obtain certification
  - Assignment inflexibility with regard to 475 SEI for those certified members
  - Assignment inequity for certified vs non-certified Techs
  - Need to expand options for Tech utilization
  - Increased difficulty in growing our own

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AF Substance Abuse Counselor Certification Working Group

- Multiple options considered
  - Expanded training utilizing established Army/Navy programs
  - Outsourcing
  - Eliminating formal certification through International Certification Reciprocity Consortium (ICRC)
- Possible solution: Two-tiered system for certification
  - Mandate 12 Core Functions QTP as part of 4C0 Career Field Education & Training Plan
  - Level 1: 5 Skill Level tied to completion
    - Any 4C0 able to fill any 4C0 billet
  - Level 2: ICRC certification seen as professional / career enhancer
- Working group to convene 21 - 25 May

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HQ USAF Program Action Directive 96-05 Legal Review

- Multiple funding streams for ADAPT, Demand Reduction
- ADAPT, DR are line programs managed by AF SG
- DoD (HA) never accepted mission or funding realignment of ADAPT or DR
- Legal review
  - Validated prohibition on use of DHP dollars to contract for drug testing collection support
  - Drug testing collection functions (DTPAM, collection support) must be shared equitably among all base units
  - Use of DHP-funded mental health positions in support of ADAPT functions needs further clarification

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DoD Alcohol Abuse Reduction Initiative

- DoD Prevention, Safety and Health Promotion Council (PSHPC)
  - Chaired by AF/SG; includes senior decision makers in DoD (HA), VA, individual service SGs
  - Charter: Advance safety and health promotion in peacetime and during contingency operations
  - Sub-committee: Alcohol Abuse, Tobacco Use Reduction Committee (AATURC)
  - PSHPC approved alcohol abuse prevention strategic plan in 1999
    - Primary goal: reduce alcohol abuse across total force 5% per year

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DoD Alcohol Abuse Reduction Plan

- Identify high risk groups for early intervention
- Assess content of Basic, Technical and PME for targeted education programs
- Assess unit level alcohol abuse prevention programs
- Develop baseline for assessing prevention efforts
- Increase command awareness
- Deglamorize alcohol use
- Assess pricing practices
- Assess routine screening processes for alcohol abuse
- Assess service programs for early intervention and rehabilitation
- Evaluate best practices

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Adverse Alcohol Event Report

- Incident reporting:
  - Incidents identified through SFs Reports & Analysis Section
  - Report reviewed periodically by ADAPT staff
  - Includes all substance abuse incidents identified to SFs
  - Information used to:
    - Assess impact of prevention efforts across Services
    - Assess effectiveness of referral process
    - Determine training needs / effectiveness

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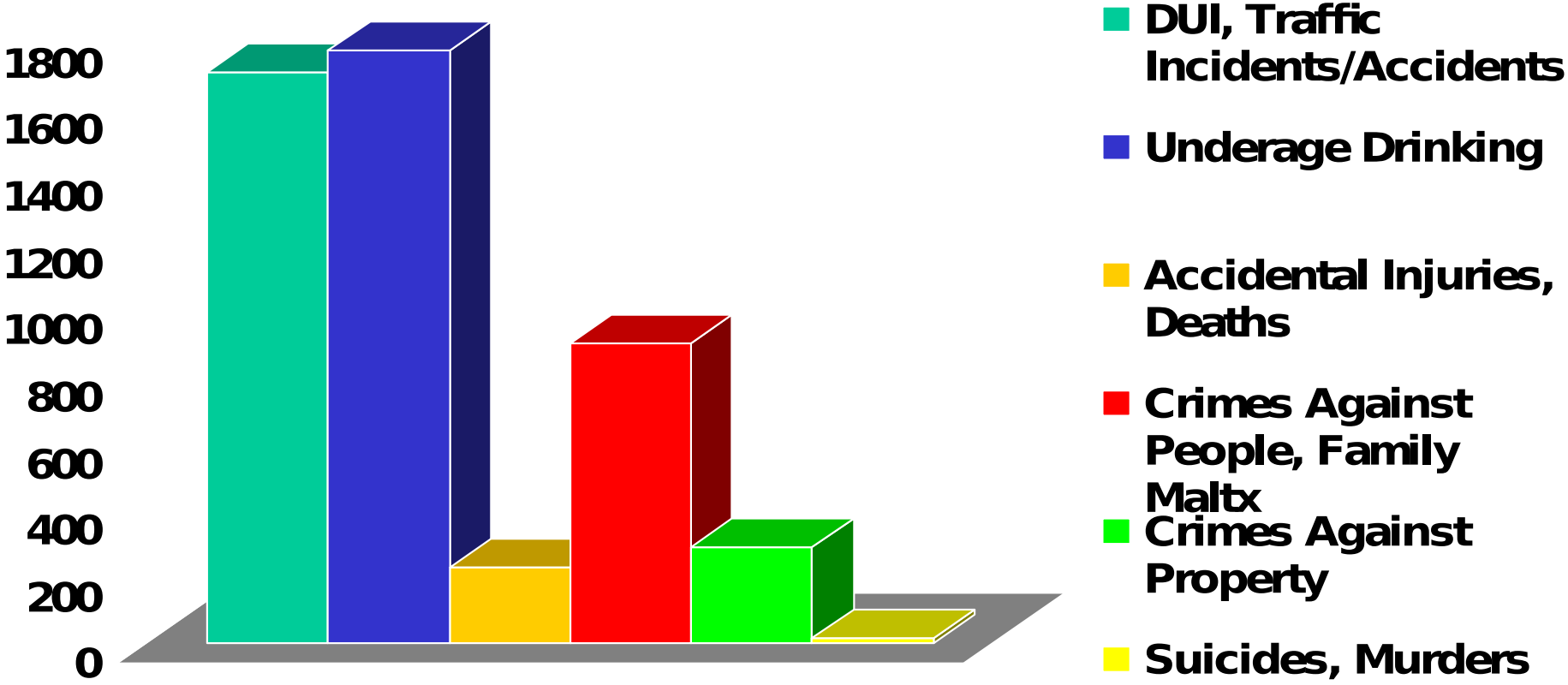
AF Adverse Alcohol Events (CY00)



Total Adverse Events Reported for CY00 = 4910

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Revision of AFI 44-121

- AFI 44-121 written in 1998
- Assessing need for revision
- Message sent to field requesting input by 30 Apr
- Interim Change 01-1 currently in coordination
  - Incorporates changes recommended following suicide event
  - Clarifies procedures for referral of individuals under investigation or having positive urinalysis
  - Ensures handoff immediately following questioning by investigative agency

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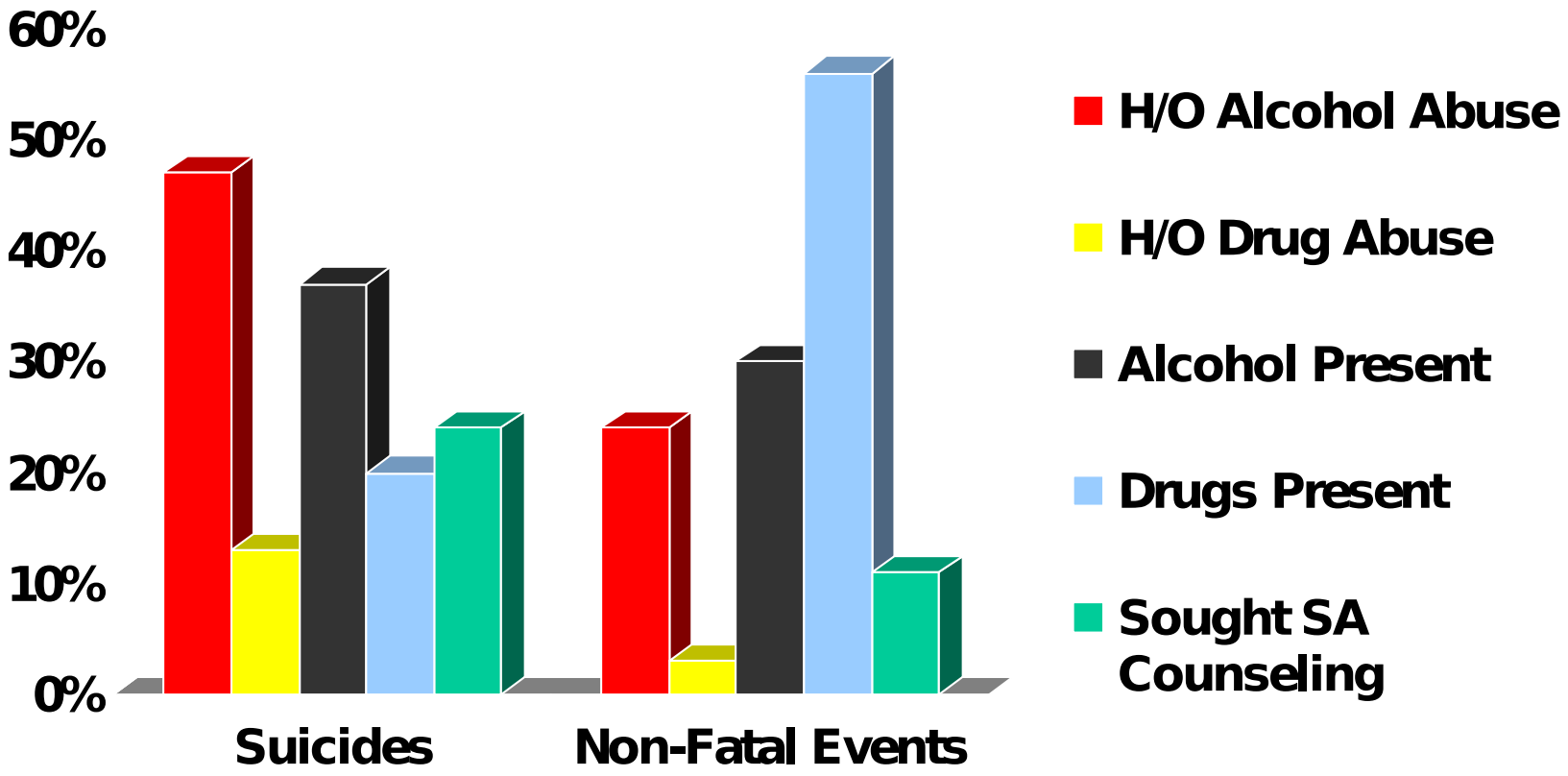
Suicide Event/Substance Use Data (FY00)



Presence of drugs generally reflects over-the-counter/prescription meds, not illicit substances

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Demand Reduction Program Update

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AF Drug Abuse Reduction Team (AF DART)

- TJAG Briefing at Fall Corona 2000
  - Significant Increase in UCMJ actions for drug use in CY00
- TIG directed Air Force Drug Abuse Reduction Team (AF DART) - Oct 00
  - Composition (IG, SG, JA, AFOSI, XOF, DP, PA)
- AF DART Objectives
  - Determine USAF drug abuse trends
  - If rising, propose realistic solution set

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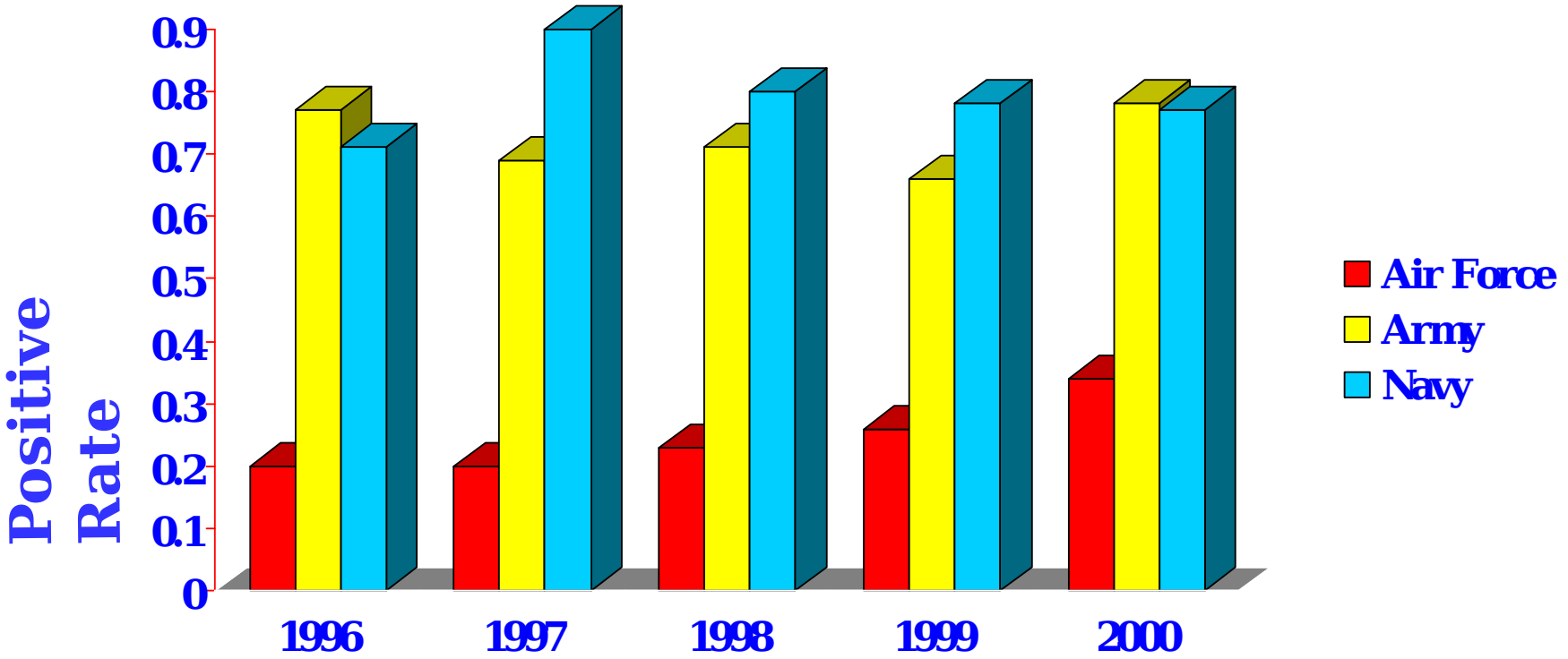
Threat Environment Drug Positive (CY96 - CY00)



*** Does not include positives for prescription meds (e.g., opiates or barbiturates)**

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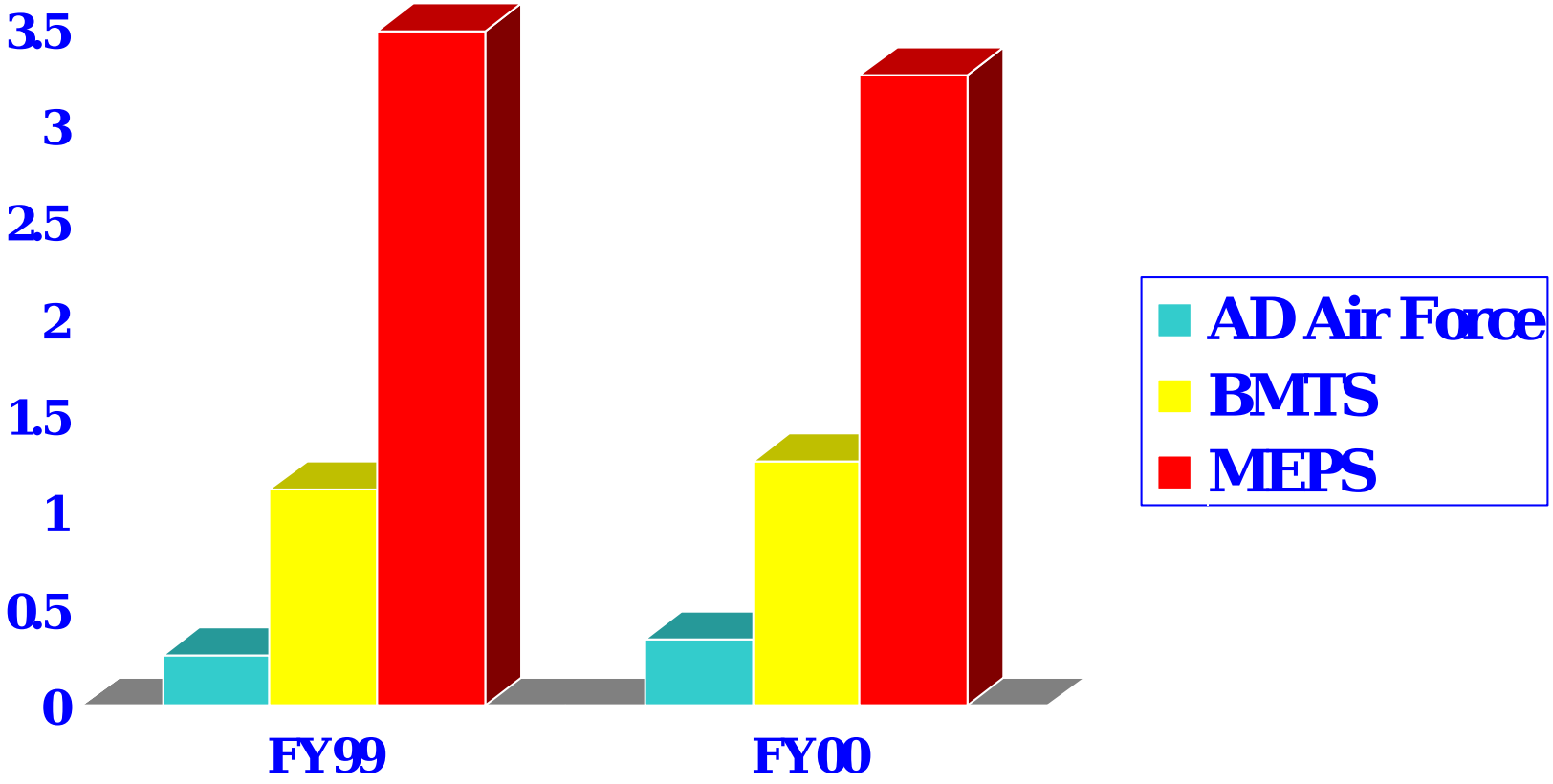
Threat Environment Drug Positive (CY99 - CY00)



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Threat Environment Drug Positive Rates MEPS, BMTS, ADAF (FY95-FY00)

- MEPS/BMTS drug positive rate remains high
- Active Duty drug positive rate increasing
- Increasing availability / use of “club drugs”
  - Less easily detected
  - Easy access
  - Cultural acceptance
- Drug use rates among 8th - 12th graders reflects substantial increase, 1991 - 2000
  - Impacts pool from which AF recruits

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Drug Abuse Indicators: Military Justice Overview

- CY 1996 to CY 2000: Upward 5-year trend in drug use cases
  - Sharpest rise in CY 2000
    - 37 % increase in UCMJ actions for drug use (962 in 2000 vs. 697 in 1999)
  - Greater rise for Article 15s than Courts-Martial
    - 21 % increase in Courts-Martial (374 in 2000 vs. 309 in 1999)
    - 49 % increase in Article 15s (588 in 2000 vs. 393 in 1999)

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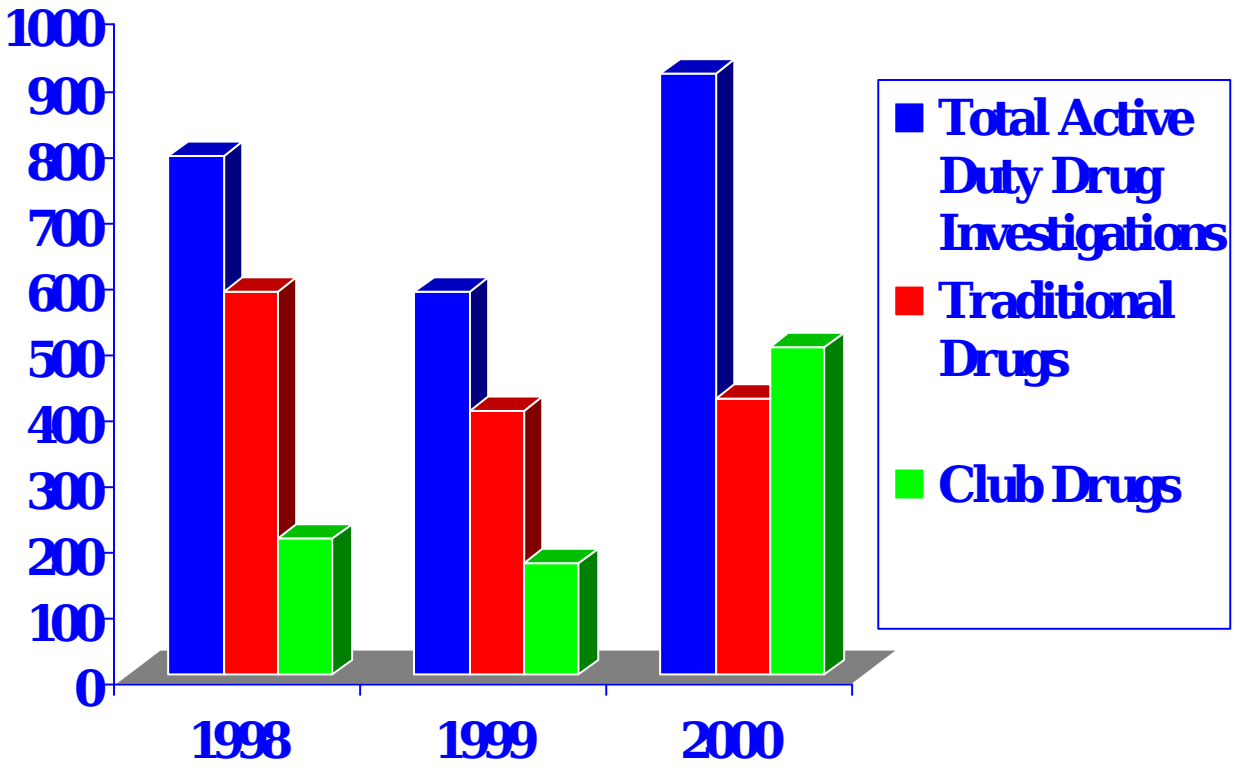
Drug Abuse Indicators: AFOSI Drug Investigations



CLUB DRUGS: 194% RISE from ‘99 to ‘00

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AF DART Draft Recommendations

- CSAF emphasize importance of USAF-wide weekend / holiday urinalysis testing
- New instruction at Sq/Gp/Wg CCs courses and officer PME
- Field a standardized substance abuse prevention awareness program at all AF bases
- Develop a drug prevention video for dissemination to all AF Units
- Design “Commander’s Call” topics
- CSAF messages targeted to different audiences

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Weekend Testing

- CSAF Memorandum, 27 Mar 01
  - Stressed innovative responses to increased drug threat
- Weekend testing viewed as important option to enhance deterrence
  - Increases program visibility
  - Increases perceived risk
  - Addresses current technological limitations
- Best conducted intermittently
- Should be tied to ongoing threat assessment

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Drug Education For Youth (DEFY)

- Sec of AF initiative to team with Navy
- DEFY implemented at 13 sites in FY00
- Trained five additional sites, Mar 01
- On-going plan for continued expansion
- Navy completed Phase I efforts to identify measures of effectiveness, Sep 00
- AF to champion Phase II evaluation, Sep 01
- AF, Navy to build data system to track outcomes, FY02
- Additional funding for DEFY likely in FY02
  - Changing emphasis within ONDCP & DoD
    - Shifting focus to Demand Reduction vs interdiction activities

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Demand Reduction Funding for D.A.R.E.

- Recurring research identifying limitations in impact of D.A.R.E. training
- Recent decision by national office to redesign curriculum and pilot test at limited sites
- Need for data-driven, science-based decision making
  - Plan for assessing outcomes
  - Measures of effectiveness
- Local option to continue fielding D.A.R.E.

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Civilian Drug Testing AFI

- Doubles testing designated positions
  - 24,000 → 48,000
- Standardizes method for determining testing status
- Mandates pre-accession testing of all new hires
- Updates, incorporates employee assistance component
  - Eliminates disconnects in AFI 36-801
- Currently in review at DP
- Out to field for review, final coordination - 30 May

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Dates to Remember

- Changes to AFI 44-121
  - Final inputs due to AFMOA/SGZF (MSgt Boothe) by 30 Apr 01
- New Social Work Accession Training Course
  - 30 Apr - 10 May 01, San Antonio TX
- Pre-certification Training Course (VTC)
  - Date TBA (end of May 01)
  - Dial-in information to be forwarded to participants, 10 May 01
  - Candidates notify AFMOA/SGZF (MSgt Boothe) by 1 May 01

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Dates to Remember

- Substance Abuse Counselor Continuing Education
  - Jun/Jul 01, Rutgers University, NJ
  - Attendees to be identified by MAJCOM (120 quota)
- 3rd Annual Worldwide ADAPT/DR Conference
  - 16-19 Jul 01, Peabody Hotel, Orlando Fl
  - Registration info forthcoming
  - Attendance limited to ADAPT PM; CADAC; and DRPM 2001
- Substance Abuse Counselor Certification Round
  - 10 – 15 Sep 01, San Antonio TX
  - Packages due to AFMOA/SGZF-DRP by 1 Jun 01

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Questions?

- Col Peter Durand, AF ADAPT/DR Program Manager
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- Maj Paul Wilson (Jul), Director, AF Substance Abuse Research & Program Development
  - DSN 240-6512, paul.wilson@brooks.af.mil (until 21 Jun)
- Milt Cambridge, PhD, Demand Reduction Program Outreach Coordinator
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- MSgt Tina Boothe, Superintendent, AF ADAPT/DR Program
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